



# **Kentucky Filing Process (Non-SERFF)**

**Life Insurance Division  
Department of Insurance**

## **Kentucky Life Division**

The Life Insurance Division regulates admitted insurance companies. Through application of statutory and regulatory requirements, the Division reviews policy and certificate filings for the protection of the public.

You may contact the Life Division by mail at P.O. Box 517, Frankfort, Kentucky 40602-0517 or courier at 215 West Main Street, Frankfort, Kentucky 40601, by telephone at (502) 564-6071, by email at [doilifemail@mail.state.ky.us](mailto:doilifemail@mail.state.ky.us) or by fax at (502) 564-5922.

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Debtor Group, Credit, Long Term Care,  
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## **Introduction**

This booklet was created to inform life insurers and other regulated entities of the processes and procedures required for filing information with our Division.

This is only a brief overview of the processes. All companies should refer to the Kentucky Revised Statutes and Administrative Regulations for complete details. Companies may purchase a copy of the *Kentucky Insurance Laws and Regulations* by contacting the Administrative Services Division at (502) 564-6154. The statutes and regulations may also be accessed through our Website at <http://doi.ppr.ky.gov> or through the Kentucky Legislative Research Commission's Website at <http://www.lrc.state.ky.us/home.HTM>.

The Life Insurance Division began accepting filings through the System for Electronic Rate and Form Filings (SERFF) on July 1, 2000. Please check the General Instructions document in SERFF for those filing requirements.

## **General Information**

The Kentucky Department of Insurance issues bulletins and orders concerning certain aspects of the filing process. If companies do not have copies of the documents they may be requested by contacting the Legal Division at (502) 564-6032 or our Website: <http://doi.ppr.ky.gov>.

## **Orders affiliated with the Life Insurance Division:**

Commissioner's Order # 00008 dated January 1983 – Policy Form Certification Privilege Program. This order outlines the Certification Privilege Program, which all companies should utilize in preparing filings in conjunction with this booklet.

## **Paper Filing Requirements**

The Life Insurance Division requires that the Cover Letter and F-1 LIFE be submitted in duplicate. Companies may submit duplicates of the filing; the Life Insurance Division will return these copies to the company, if the company provides a self-addressed postage paid return envelope.

The cover letter should:

- Explain the filing;
- Identify the forms included in the filing;
- Identify actuarial information if included;
- Advise if this filing is replacing a previous filing;
- Identify the target market and explain how it will be marketed;
- Indicate whether the filing has been approved by your domiciliary state; and
- Include any other pertinent information that will assist in the review of the filing.

If the filing is replacing a previously approved form, the previous form number and the DOI File number must be included in the cover letter and on the F-1 LIFE form. **Remember to attach the forms to be reviewed.**

The Division utilizes several different types of action stamps in order to identify a completed action taken on a filing. Pursuant to KRS 304.14-120(4), the filing and approval of forms, Commissioner's Order # 00008 has been issued to identify those product form filings that may be filed by certification. Any product form filing not identified in Commissioner's Order # 00008 must be filed for approval. All other advertising and general correspondence may be filed for informational purposes.

The Division uses various final action stamps, which are described below:

**FILED BY CERTIFICATION** = this stamp is used in accordance with Commissioner's Order # 00008.

**APPROVED** = this stamp is used when we have reviewed and approved the filing.

**FILED ONLY** = this stamp is used on documents that are reviewed for information only; for example, advertising or non-material changes.

**DISAPPROVED** = this stamp is used when a filing has been disapproved. When a form is disapproved that company cannot use the form number(s) used in that filing in Kentucky in future filings.

**WITHDRAWN** = this stamp is used when the filing has been withdrawn by the company that submitted the filing. If a filing is withdrawn that company may use the form number again.

*The submission requirements as stated in this booklet must be received with the filing fee or the filing is considered incomplete and will not be reviewed. The Division will notify the company that the filing is incomplete and the filing will be destroyed by a specified date if the missing information is not received by the specified date.*

***The following information identifies the types of insurance and provides references to the Kentucky Revised Statutes and Administrative Regulations that may aid in product filings.***

***These references are not all inclusive of regulatory requirements.***

## **Type of Insurance**

### **Annuity**

The following types of annuity products are categorized as approval items:

1. Variable
2. Immediate Variable Annuities
3. Interest Sensitive
4. Indexed
5. Guarantee Investment Contracts
6. Funding Agreements

The following types of annuity products are categorized as certification items:

1. Fixed Annuities
2. Immediate Fixed Annuities

#### **For all Annuity contracts:**

- 304.12-240 Pre-Need Disclosures
  - 806 KAR 12:131 Pre-Need Disclosures requirements
- 304.14-090 Alteration of Application
- 304.14-100 Application as Evidence
- 304.14-110 Representations in Application
- 304.14-150 Contents of Policies in General
- 304.14-180 Must Contain Entire Contract
- 304.14-190 Execution of policies
- 304.14-250 Assignability – Rights of insurer, assignee
- 304.14-330 Exemption of proceeds, annuity contracts – Assignability of rights
- 304.14-350 Retention of proceeds of policy by company
- 304.14-370 Jurisdiction of courts, limitation of actions
- 304.14-380 Venue of suits against insurers
- 304.14-430 Policy Cover Sheet; Commissioner Approval
- 304.14-435 English language requirement
- 304.14-440 Policies to be readable – factors to be considered
- 304.14-450 Policies to be legible

This section only applies to individual contracts:

- 304.15-180 Standard Provisions; annuity and pure endowment contracts
- 304.15-190 Grace Period; Annuities
- 304.15-200 Incontestability; Annuities
- 304.15-210 Entire Contract; Annuities
- 304.15-220 Misstatement of Age or Sex; Annuities

304.15-230 Dividends; Annuities  
304.15-240 Reinstatement, Annuities  
304.15-250 Standard Provisions; reversionary annuities  
304.15-270 Incontestability, Limitation of Liability after Reinstatement  
304.15-280 Prohibited provisions  
304.15-290 Provisions required by law of other jurisdiction  
304.15-315 Standard Nonforfeiture Law for Individual Deferred Annuities  
304.15-370 Disposition of miscellaneous proceeds  
304.15-380 Participating, nonparticipating policies – Right to issue  
304.15-390 Pension, retirement, profit-sharing, life insurance or annuity agreements; separate accounts  
304.15-400 Prohibited policy plans

This section only applies to variable contracts:

806 KAR 15:010 Variable Annuity Contracts

### **Credit**

The following types of credit products are categorized as approval items:

1. Credit Life
2. Credit Health
3. Credit Life & Health
4. Credit Rates Loss (including applications/riders/endorsements and other related forms)

### **Advertising**

Kentucky does not require advertising to be filed for life products (except Long Term Care and Viatical Settlements); however, you may file advertisements for review by the Life Insurance Division. Upon review, the information will be stamped “Filed Only” and returned to the company.

### **Group Life**

The following types of group life products are categorized as approval items:

1. Universal
2. Variable
3. Interest Sensitive
4. Indeterminate Premium
5. Accidental Death & Dismemberment (as a rider to an approval product)
6. Disability Income (as a rider to an approval product)

The following types of group life products are categorized as certification items:

1. Whole Life
2. Term (excluding Indeterminate Premium)
3. Accidental Death & Dismemberment (as a rider to a certification product)
4. Disability Income (as a rider to a certification product)

**For all Group Life products:**

- 304.12-240 Pre-Need Disclosures
  - 806 KAR 12:131 Pre-Need Disclosures requirements
- 304.14-090 Alteration of Application
- 304.14-100 Application as Evidence
- 304.14-110 Representations in Applications
- 304.14-180 Must Contain Entire Contract
- 304.14-320 Exemption of proceeds, group insurance
- 304.14-430 Policy Cover Sheet
- 304.14-435 English language requirement
- 304.14-440 Policies to be Readable; factors to be considered
  - 806 KAR 14:121 Minimum Standards for the Readability & Intelligibility
- 304.14-450 Policies to be legible
- 304.16-080 Dependents' Coverage
- 304.16-110 Provisions required in group contracts
- 304.16-120 Grace Period
- 304.16-130 Incontestability
- 304.16-140 Application to be Attached to Policy
- 304.16-150 Evidence of Insurability
- 304.16-160 Effect of Misstatement of Age
- 304.16-170 Beneficiary
- 304.16-180 Certificate
- 304.16-190 Conversion on Termination of Eligibility
- 304.16-200 Conversion on Termination of Policy
- 304.16-210 Death Pending Conversion
- 304.16-230 Application of Dividends, Rate Reductions
  - 806 KAR 14:030 Participating Policy Dividends not to be Guaranteed
- 304.17-290 Use of Intoxicants, Narcotics & Hallucinogenics (for AD&D policies)
  - 806 KAR 6:075 Valuation of Life Insurance Policies

**Individual Life**

The following types of life products are categorized as approval items:

1. Universal
2. Variable
3. Interest Sensitive
4. Indeterminate Premium
5. Accidental Death & Dismemberment (as a rider to an approval product)
6. Disability Income (as a rider to an approval product)

The following types of life products are categorized as certification items:

1. Whole Life
2. Term (excluding Indeterminate Premium)
3. Accidental Death & Dismemberment (as a rider to a certification product)
4. Disability Income (as a rider to a certification product)

**For all life products:**

304.12-240 Pre-Need Disclosures

806 KAR 12:131 Pre-Need Disclosures requirements

304.14-090 Alteration of Application

304.14-100 Application as Evidence

304.14-110 Representations in Applications

304.14-150 Contents of Policies in General

304.14-180 Must Contain Entire Contract

304.14-190 Execution of policies

304.14-250 Assignability – Rights of insurer, assignee

304.14-300 Exemption of proceeds, life insurance

304.14-350 Retention of proceeds of policy by company

304.14-370 Jurisdiction of courts, limitation of actions

304.14-380 Venue of suits against insurers

304.14-430 Policy Cover Sheet

304.14-435 English language requirement

304.14-440 Policies to be Readable; Factors to be considered

806 KAR 14:121 Minimum Standards for the Readability & Intelligibility

304.14-450 Policies to be legible

304.15-050 Payment of Premiums; Return of Policy

304.15-060 Grace Period

304.15-070 Entire Contract

304.15-080 Incontestability

304.17-060 Limitation on defenses; incontestability (Monthly Disability Income riders)

304.15-090 Misstatement of Age or Sex

304.15-100 Dividends

806 KAR 14:030 Participating Policy Dividends Not to be Guaranteed

304.15-110 Policy Loans

304.15-115 Life Insurance Policy Loan Interest Rates

304.15-120 Table of Installments

304.15-130 Reinstatement

304.15-150 Beneficiary, Industrial Policies

304.15-160 Title

304.15-170 Excluded or restricted coverage

304.15-260 Limitation of Liability

304.15-270 Incontestability, limitation of liability after reinstatement

304.15-280 Prohibited provisions



- 304.15-290 Provisions required by law of other jurisdiction
- 304.15-310 Non-forfeiture Provisions
- 304.15-312 Policies without cash surrender value
- 304.15-320 Cash Surrender Value
- 304.15-322 Notification of insured of cash surrender value
- 304.15-330 Paid-up non-forfeiture benefits
- 304.15-340 Adjusted premiums
- 304.15-342 Adjusted premiums operative at option of insurer
- 304.15-344 Commissioner's Approval
- 304.15-350 Calculation of cash surrender value and paid-up non-forfeiture benefit
- 304.15-352 Cash surrender value – Non-forfeiture factor
- 304.15-360 Exceptions
- 304.15-370 Disposition of miscellaneous proceeds
- 304.15-380 Participating, non-participating policies – Right to issue
- 304.15-390 Pension, retirement, profit-sharing, life insurance or annuity agreements; separate accounts
- 304.15-400 Prohibited Policy Plans
- 304.15-410 Minimum Reserves
- 304.17-290 Use of Intoxicants, Narcotics and Hallucinogenics (for AD&D policies)
  - 806 KAR 6:075 Valuation of Life Insurance Policies
  - 806 KAR 15:030 Variable Life Insurance

### **Viatical Settlements/Approval**

Kentucky does not accept the filing of viatical settlement forms and contracts through SERFF. Viatical settlements are defined to include any type of transaction where a life policy is being sold for less than the face value (see KRS 304.15-020 for further definitions). All forms and advertising must be filed with Kentucky for approval prior to use.

#### **For all forms and contracts of viatical settlements:**

- 304.15-020 Definitions
- 304.15-700 Licensing Requirements
- 304.15-710 Viatical settlement provider's duties of disclosure to viator
- 304.15-715 Requirement for Viatical settlement contracts
- 304.15-717 Circumstances under which Viatical settlement transactions are unlawful
  - 806 KAR 15:050 Reporting & general requirements for viatical settlement providers & brokers

#### **For all applications:**

- 304.12-013 AIDS Questions on applications
- 304.14-090 Alteration of Application
- 304.14-100 Application as Evidence
- 304.14-110 Representations in Applications
- 304.15-115 Life Insurance Policy Loan Interest Rates

304.47-030 Fraud Warning  
417.050 Validity of arbitration agreement; exempt agreements  
806 KAR 12:070 Requires location where the application was signed  
806 KAR 12:080 Questions regarding replacement required  
806 KAR 15:030 Variable Life insurance  
806 KAR 3:210 Privacy of Consumer Financial Information  
806 KAR 3:220 Privacy of Health Information

### **Kentucky Required Forms**

Kentucky utilizes several forms in the review of filings. The next pages describe the forms with examples of the forms in their final format. Included are forms that you may copy for use by your organization or you may access the forms electronically from our Website at <http://doi.ppr.ky.gov/kentucky/>.

### **Kentucky F-1 Life (04/02) Form & Instructions**

Below are the instructions for completing the F-1 Life (04/02) form required with all filings submitted to the Life Insurance Division for review. You may download the form from our Website (<http://doi.ppr.ky.gov/kentucky/>) to allow electronic completion.

#### **F-1 LIFE Instructions**

Below are the instructions for completing the F-1 LIFE (04/02) form required with all filings submitted to the Life Insurance Division for review. The numbers correspond with the numbers on the attached example of the form.

1. Insert the date of your cover letter.
2. Insert the Federal Tax ID number of the company requesting approval of the filing.
3. Insert the NAIC number of the company requesting approval of the filing.
4. Insert the name of the insurance company requesting approval of the filing.
5. Insert the mailing address of the company requesting approval of the filing.
6. Insert the PO Box of the company requesting approval of the filing (if applicable).
7. Insert the City where the company requesting approval is located.
8. Insert the State where the company requesting approval is located.
9. Insert the ZIP (including the Plus 4 digits) where the company requesting approval is located.

10. Insert the phone number of the contact for the company requesting approval of the filing.
11. Insert the extension of the contact for the company requesting approval of the filing.
12. Insert the toll-free number of the company requesting approval of the filing, if available.
13. Insert the fax number of the company requesting approval of the filing.
14. Insert the name of the company responsible for this filing or the name of the consulting firm if the filing is being filed on behalf of the insurer.
15. Insert the name of the person to contact concerning this filing (either company contact or consulting firm contact).
16. Enter the email address of the filing contact.
17. If this filing requires Certification based on DOI Order #00008, place a check mark in this box. All traditional policies and related forms may be filed for Certification. Also, attach the L-2 LIFE and L-3 LIFE forms.
18. If you are submitting one of the product types listed here you **must** file for Approval not Certification; therefore, place a check mark in this box. Forms LH-2 and LH-3 are **not required** for an Approval submission.
19. If you are submitting a Filed Only filing place a check mark in this box. Examples of what is considered Filed Only filings are listed on form.
20. If your domiciliary state's fee is more than the Kentucky fee as stated, indicate that amount on the line in item "C".
21. Enter the amount of the check being sent with this filing on this line.
22. Place a check mark in the appropriate box for the market for this filing.
23. Multiple boxes may be selected for Applications, Riders, Endorsements, or Advertising. All other product types must have only one box marked.
24. Insert each form number that is being submitted in the filing.
25. Identify what type of form is being submitted. (i.e. Application, Rider, Certificate, Policy, Endorsement, Rates, Replacement, Advertising, Insert Pages/Substitute, Certificate of Assumption, Cover Sheet, Correspondence, or Outline of Coverage)
26. Indicate whether this is a new form or replacing a previously approved form.

27. Insert the previously approved form number.
28. Insert the date of approval for the previously approved form.
29. Insert the DOI File Control Number of the previously approved form, if available.
30. Insert the Flesch score for each form. If it is Application, Rider, or Endorsement it may be scored with the Policy; however, put the Flesch score for the policy in this column.
31. Have the company authorized representative sign.
32. Put the date of signature.
33. Print the name of the company authorized representative.
34. Print the title of the company authorized representative.
35. Have the person preparing the filing sign.
36. Put the date of signature.
37. Print the name of the person preparing the filing.

**For Department use only (Life Division)**

## Date Received \_\_\_\_\_

Check No. \_\_\_\_\_

**Check Amount \$** \_\_\_\_\_ **By** \_\_\_\_\_

Assigned To \_\_\_\_\_

Company Letter Date <sup>(1)</sup> Federal Tax ID No. <sup>(2)</sup>

NAIC No. 3

Insurer Name ④

Mailing Address (5)

City  State  ZIP

Phone Number 10 Ext. 11

Toll Free Number (12) Fax No. (13)

Filing Company Name

Filing Contact Person (15)

E-mail (16)

☐ **CERTIFICATION** (17) Include signed L-2 Life  
(REF: Commissioner's Order 00008 1/83) Include signed L-3 Life (if applicable)

☐ **APPROVAL** (18) Universal Life Variable Annuity  
 (These filings may not Indeterminate Premium Variable Life  
 be filed by certification) Credit Life & Disability

☐ FILED ONLY      ☒ Advertising Correspondence      Non-Material Changes  
☐ Domiciliary Approval

☐ Group ☒ Individual

- ☐ Term (C) 23
- ☐ Whole Life (C) 23
- ☐ Universal Life (A) 23
- ☐ Variable Life (A) 23
- ☐ Indeterminate Premium (A) 23
- ☐ Credit Life & Disability (A) 23
- ☐ Debtor Group (A) 23
- ☐ Accidental Death & Dismemberment (C) 23
- ☐ Guaranteed Investment Contracts (A) 23
- ☐ Fixed Annuity (C) 23
- ☐ Variable Annuity (A) 23
- ☐ Indexed Annuity (A) 23
- ☐ Viatical Settlements (A) 23
- ☐ Other \_\_\_\_\_ 23

FEES: KRS.304.4-010 AND 806 KAR 4:010 establish filing fees as follows: a) \$100.00 for credit insurance filings under KRS 304.19; or b) \$5.00 for other rate and form filings; or c) your company's domiciliary state fee of \$ 20. Pursuant to KRS 304.3-270 submit the greater of a), b), c). Amount submitted \$ 20.

**Mail to:** Kentucky Department of Insurance  
Life Division

**By Courier Address:** 215 W. Main St.  
Frankfort, KY 40601

**Telephone:** (502) 564-6071

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
LIFE DIVISION  
FACE SHEET AND VERIFICATION FORM**

**FORM(S) LISTING SHEET**

**INSURER NAME** \_\_\_\_\_ <sup>(4)</sup> **NAIC NO.** \_\_\_\_\_ <sup>(3)</sup>

FORM(S) NUMBER	DOCUMENT TYPE (i.e. Application/ Rider/ Endorsement)	* R / N	**PREVIOUS FORM(S) NO. (ONLY IF REPLACING A FORM)	**APPROVAL DATE OF PREVIOUS FORM(S)	**DOI NO. OF PREVIOUSLY APPROVED FORM(S) (IF KNOWN)	Flesch Score
<sup>(24)</sup>	<sup>(25)</sup>	<sup>(26)</sup>	<sup>(27)</sup>	<sup>(28)</sup>	<sup>(29)</sup>	<sup>(30)</sup>

\*R or N: (R=REPLACEMENT FORM; N=NEW FORM)

\*\*ONLY FILL OUT INFORMATION ABOUT PREVIOUS FILING IF REPLACING A FORM

**POLICY FORMS FILING**

I have reviewed or supervised the preparation of the above form(s) and certify that the form(s) comply with all of the applicable requirements of the Kentucky Revised Statutes and regulations. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of the letter of transmittal and enclosures with this filing.

I understand that the Commissioner of Insurance may at any time review the form(s) submitted and disapprove any form(s) not in compliance with the statutes and regulations.

SIGNATURE OF PERSON WHO AUTHORIZED THE FILING \_\_\_\_\_ <sup>(31)</sup> DATE \_\_\_\_\_ <sup>(32)</sup>

PRINT NAME \_\_\_\_\_ <sup>(33)</sup> TITLE \_\_\_\_\_ <sup>(34)</sup>

SIGNATURE OF PERSON WHO COMPLETED THE FILING \_\_\_\_\_ <sup>(35)</sup> DATE \_\_\_\_\_ <sup>(36)</sup>

PRINT NAME \_\_\_\_\_ <sup>(37)</sup>

## **Kentucky L-2 Life (04/02) Form & Instructions**

Below are the instructions for completing the L-2 Life (04/02) form required with all filings submitted to the Life Insurance Division for review. You may download the form from our Website (<http://doi.ppr.ky.gov/kentucky/>) to allow electronic completion.

### **L-2 LIFE Instructions**

Below are the instructions for completing the L-2 LIFE (04/02) form required with all filings being submitted under the Certification Privilege Program to the Life Insurance Division for review. The numbers correspond with the numbers on the attached example of the form.

1. Insert the name of the insurance company requesting Certification of the filing.
2. Insert the NAIC No. of the insurance company requesting Certification of the filing.
3. List all forms Certification is being requested on. ET AL is not acceptable.
4. Insert date form is to be signed.
5. Have designated company representative sign form.
6. Print designated company representative's name.
7. Print designated company representative's title.

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
LIFE DIVISION  
Frankfort, KY 40602-0517**

**POLICY FORMS FILING  
CERTIFICATION PRIVILEGE PROGRAM**

Company Name: \_\_\_\_\_ (1) \_\_\_\_\_ NAIC No.: \_\_\_\_\_ (2) \_\_\_\_\_

Form Number(s) and Title of Form(s): \_\_\_\_\_ (3) \_\_\_\_\_

I have reviewed or supervised the preparation of the above form(s) and certify that the form(s) comply with all of the applicable requirements of the Kentucky Revised Statutes and regulations. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of the letter of transmittal and enclosures with this filing.

I understand that the Commissioner of Insurance may at any time review the form(s) submitted under the Certification Privilege Program and disapprove any form(s) not in compliance with the statutes and regulations. Further, any form found not to be in compliance with insurance statutes and regulations, shall cause the company to be subject to penalty(ies) as provided by statute and loss of the certification privilege.

\_\_\_\_\_  
Date (4) \_\_\_\_\_ Signature of President or designated representative (5) \_\_\_\_\_

\_\_\_\_\_  
(Type name of person signing above) (6)

\_\_\_\_\_  
(Type title of person signing above) (7)

L-2 LIFE (04/02)



## **Kentucky L-3 Life (04/02) Form & Instructions**

Below are the instructions for completing the L-3 Life (04/02) form required with all filings submitted to the Life Insurance Division for review. You may download the form from our Website (<http://doi.ppr.ky.gov>) to allow electronic completion.

### **L-3 LIFE Instructions**

Below are the instructions for completing the L-3 LIFE (04/02) form required with all filings being submitted under the Certification Privilege Program to the Life Insurance Division for review. The numbers correspond with the numbers on the attached example of the form.

1. Insert the name of the insurance company requesting Certification of the filing.
2. Insert the NAIC No. of the insurance company requesting Certification of the filing.
3. List all forms Certification is being requested on. ET AL is not acceptable.
4. Insert date form is to be signed.
5. Have the actuary that prepared or supervised the preparation of the actuarial formulae signs the form. A company representative is not acceptable.
6. Print designated company actuary's name.
7. Print designated company actuary's title.

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
LIFE DIVISION  
Frankfort, KY 40602-0517**

**LIFE AND ANNUITY FILINGS  
ACTUARIAL CERTIFICATION FORM A**

Company Name: \_\_\_\_\_<sup>①</sup> NAIC No.: \_\_\_\_\_<sup>②</sup>

Form Number(s) to which certificate applies: \_\_\_\_\_<sup>③</sup>

I have prepared or supervised the preparation of the actuarial formulae for the above policy(ies). I certify that the nonforfeiture benefits for these policy(ies), for every age and face amount combination, taking into consideration any policy fee, meet the nonforfeiture requirements of the Kentucky Insurance Code. I certify that the policy(ies) do not incorporate any inconsistent, ambiguous, or misleading clauses, or exceptions and conditions which deceptively affect the risk purported to be assumed in the general coverage of the policy(ies).

_____ <sup>④</sup>	_____ <sup>⑤</sup>
Date	Signature of Actuary
	_____ <sup>⑥</sup>
	(Type name of person signing above)
	_____ <sup>⑦</sup>
	(Type title of person signing above)

L-3 LIFE (04/02)